FORM 04-611SF

ALASKA CORPORATION NET INCOME TAX RETURN SHORT FORM

_555						
DEPARTMENT USE ONLY						
ENVELOPE #						

For the calendar year 2003 or the taxable year beginning	=	F
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and ending ending	,						
Federal EIN	Alaska Corporation File #	NAICS Code	Alaska Business Licen	se #			
Name			Telephone Number				
Mailing Address			Fax Number				
City	State	Zip Code	E-Mail Address				
Contact Person	Title		Contact Telephone Nur	nber			
Check applicable boxes:		RETURN DA	 TA				
□ Final Alaska return □ Name or address change since last year □ Limited Liability Company (LLC) □ Exempt organization (see instructions) □ S-Corporation (Attach 1120S) □ Homeowners Association (Attach 1120H)	YES NO (Check Yes or No) nal Alaska return ame or address change since last year mited Liability Company (LLC) cempt organization (see instructions) Corporation (Attach 1120S) Demeowners Association (Attach 1120H) YES NO (Check Yes or No) 1. Is a federal extension in effect? If yes, attach copy of Form 7004. 2. Is this an information report for an inactive corporation? (See instructions.) 3. Is this corporation a member of an affiliated group? If yes, you may not use this short Form 04-611SF. You must use Form 04-611. 4. Does this corporation have business activity (taxable nexus) outside of Alaska? If yes, you may not use this short Form 04-611SF. You must use Form 04-611.						
50	HEDULE A-SF - NET INCOME 1	I AX SUIVIIVIAR I		DEPT USE ONLY			
Alaska income (loss) from Schedule B-SF		1		ZEI I GOE GIVET			
2. Alaska net operating loss deduction (attach s		2	NL	 .			
Alaska taxable income. Subtract line 2 from l		3	TI				
Alaska income tax from Schedule D-SF, line		4	TX				
5. Other taxes from Schedule E-SF, line 5		5	ОТ				
6. Federal-based credits from Schedule F, line 1		6 () CR				
7. Total Tax. Sum of lines 4, 5 and 6	,	7	, 1				
Incentive Credits (see instructions on page 5)		8 () IC				
Alaska Education and/or Veterans Memorial		9 () EC				
10. Net Alaska income tax (line 7, net of lines 8 a		10	, = 0 NT				
11. Payments from page 2, Schedule C-SF		11	PT				
12. Tax due. If line 10 is larger than line 11, ente		12					
13. Overpayment. If line 11 is larger than line 10		13					
14. Penalty for underpayment of estimated tax (F		14	UP				
15. Penalty for failure to file (see instructions)	15	PF					
16. Penalty for failure to pay (see instructions)		16	PP	-			
17. Interest (see instructions on page 4)		17	IN				
18. Total amount due (overpaid). Line 12 plus line		18					
19. Overpayment credited to 2004 estimated tax.		19	CF				
20. Refund (line 18 reduced by line 19)		20	RF				
		1-41	1000				
I de alore conderna aceltica ef a criomo the till ba				DEBT LISE ONLY			
I declare, under penalties of perjury, that I have best of my knowledge and belief, it is true, con	=			DEPT USE ONLY CFWD			
information of which preparer has any knowle		outer (euror triair taxp	ayon, no bacca on an				
Officer's Signature	Date	Title		REFUND			
>=				ĺ			
Preparer's Signature	Date	Check if	Preparer's SSN or PTIN	APPROVED			
<i>S</i> 4.		self-employed					
Firm's name (or	<u> </u>	E.I. No.					
yours if self-employed)				DATE			
and address		Zip Code					
Form 04-611SF webform (Revised 01/04)	Page 1	De	pt Use Only Validation Number:				

		SCH	EDULE E	B - SF - ALA	ASKA I	NCOME (LOSS))			
Federal tax	able income, Form	1120, line 28 or F	orm 1120	A, line 24, as						
actually filed	b							1		
2. Additions:	(a) All taxes base	ed on or measure	d by net inc	come		2a				
	(b) Other (Attach	schedule)				2b				
	(c) Total additions	s. Add 2(a) and 2	2(b)					2c		
3. Subtractions	s:(a) Interest from (obligations of the	United Sta	tes		3a				
	(b) Special deduc	ctions from Form	1120, Sche	edule C		3b				
	(c) Other (Attach	schedule)				3c				
	(d) Total subtract	ions. Add 3(a) th	rough 3(c)					3d ()
4. Alaska inco	me (loss). Add line	es 1, 2(c) and 3(d). Enter he	re and on			·			
Schedule A	, line 1							4		
								-		
	TAX RATE SO	CHEDULE (AS	43.20.01	11)		•	SCHEDULE	C - SF	•	
If your Alaska taxa	able income is:			(5)		ESTIMATE	D TAX PAY	MENT	RECORD	
	(2)			Of The	Estin	nated Payments	Dat	Э	Amount	
(1)	But Less	(3)	(4)	Amount	(1)	04-711				
(1)	Dut Less	(3)	(4)	Amount	(1)	04-711				
At Least	Than	Your Tax Is	Plus	Over	(2)	04-711				
		-	-	-	<u> </u>			_		
		1			(3)	04-711				
-0-	10,000	-0-	1%	-0-						-
10,000	20,000	100	2%	10,000	(4)	04-711				
20,000	30,000	300	3%	20,000						F
30,000	40,000	600	4%	30,000	Tenta	ative Tax 04-709				
40,000	50,000	1,000	5%	40,000						
50,000	60,000	1,500	6%	50,000	Over	payment From Prior	r Year			
60,000 70,000	70,000	2,100	7%	60,000		Outak Datum d /Fa	**** 44CC)	,		
80,000	80,000 90,000	2,800 3,600	8% 9%	70,000 80,000	Less	: Quick Refund (Fo	1111 4400)			/ 1
	or More	4,500	9.4%	90,000	Total	Payments to Scheo	dule A. Line 11	\$		
								-		
		SCHE	DULE D -	SF - ALAS	KA TA	X COMPUTATION	ON			
							A		В	
Alaska taxa	ble income from So	chedule A, line 3				1				
	gain, not to exceed									
	ctions)					2				
•	come. Subtract line									
-					0	3		_		_
	the tax on ordinary	y income, apply ti	ne amount	on line 3 to						
the Tax Rat								_		
	e Tax Rate Schedu									F
5. Tax on net	capital gains. Multi	ply line 2 by 4.5%	ó							
6. Add lines 4	and 5					6				
7. Enter the le	sser of line 6, colur	nn A or B here ar	nd on Sche	dule A, line 4		7				
						•				
		SCHE	OULE E -	SF - OTHE	R TAX	ES (AS 43.20.02	21)			C
										
						Α			В	
 Alternative r 	minimum tax from f	ederal Form 4620	3		1a		x 18%	1b		
2. Credit for pr	rior year minimum t	ax from Form 112	20,							
Schedule .	J,				2a		x 18%	2b () F
	al taxes (attach sch						x 18%	3b		
	on corporate level t	,						4		
	taxes. Add lines 1							5		
				. 2000010 / 1,				<u> </u>		
					Enter n	ame, address and f	ederal FIN of	revious	business:	
If this is the	first return, indicate	e whether:			Linci II	amo, address and i	odorai Elin Oli	, o vious	240H1033.	/V
	New Business	-								
	Successor to pre	viously existing b	usiness							
									-	
	oform (Rev 01/04)				Pa	ge 2				